City of Albuquerque Biweekly Insurance Rates FY2014 July 1, 2013 - June 30, 2014

Medical Insurance Employee pays 20% City pays 80%

Presbyterian My Care Health Plan			
	Employee*	City	Total
Single	38.78	155.10	193.88
Couple	78.90	315.58	394.48
S/Parent	62.29	249.14	311.43
Family	113.86	455.44	569.30

Vision Insurance Employee pays 20% City pays 80%

VSP			
	Employee*	City	Total
Single Couple	0.44	1.76	2.20
Couple	0.88	3.52	4.40
S/Parent	0.94	3.77	4.71
Family	1.53	6.13	7.66

Short-Term Disability Insurance (voluntary) EE Paid

Short-Term Disability insurance (voluntary) EE Paid				
Hartford	Weekly Benefit	= 60% base salary		
Age	Rate per \$10 of Weekly Benefit			
	Monthly Rate BW Rate*			
<25	0.564	0.260		
25-29	0.480	0.222		
30-34	0.526	0.243		
35-39	0.421	0.194		
40-44	0.401	0.185		
45-49	0.449	0.207		
50-54	0.563	0.260		
55-59	0.672	0.310		
60-64	0.781	0.360		
65-69	0.859	0.396		

Long-Term Disability Insurance (voluntary) EE Paid

Long-Term Disability insurance (Voluntary) LL Faid			
Monthly Benefit = 60% base salary			
Rate per \$100 of BW Salary			
Monthly Rate BW Rate*			
0.218	0.101		
0.338	0.156		
0.446	0.206		
0.641	0.296		
0.835	0.385		
0.997	0.460		
1.030	0.475		
	Monthly Benefit = Rate per \$100 of Monthly Rate BW 0.218 0.338 0.446 0.641 0.835 0.997		

^{*} Biweekly = monthly times 12 divided by 26

Dental Insurance Employee pays 20% City pays 80%

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Delta Dental			
	Employee*	City	Total
Single	2.71	10.83	13.54
Couple	5.47	21.90	27.37
S/Parent	6.01	24.06	30.07
Family	8.14	32.57	40.71

Legal Insurance (voluntary) EE Paid

Arag Legal	Employee*	
Single	8.63	
Employee +1	10.75	
Family	11.03	

Basic Life and AD&D

Hartford (100% Paid by City \$.315 per \$1,000)			
Amount of coverage	is 140% of gross annual salary		
Minimum	Maximum		
\$25,000	\$50,000		

Supplemental Term Life (voluntary) EE Paid

Supplemental Term Life (Voluntary) EE Paid			
Hartford Biweekly Rates Per \$10,000			
Age	Smoker	Non Smoker	
<30	0.443	0.215	
30-34	0.550	0.275	
35-39	0.882	0.443	
40-44	1.218	0.658	
45-49	2.258	1.271	
50-54	3.381	1.880	
55-59	4.925	2.709	
60-64	6.248	3.486	
65-69	9.230	5.198	
70-74	17.577	9.786	
75-79*	27.290	15.194	
80 +	65.573	36.572	
*Spouse age limit is	s 75		
Hartford Depende	nt Child Te	erm Life	
Coverage	Rate		
\$2,500	0.240		
\$5,000	0.480		
\$7,500	0.720		
\$10,000	0.960		

Flexible Spending Account (voluntary)

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BASIC (medical, d	pendent care, parking or	
transit fee)	\$3.75 City Paid Monthly	